## BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECO									Application or Docket Number				
Effective October 1, 2003													
-	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL TYPE	ENTITY	OF		R THAN ENTITY	
Ľ	TOTAL CLAIMS			2				RATE	FEE	7	RATE	FEE	
FOR .			. NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC F	EE 385.0		BASIC FE		
T	TOTAL CHARGEABLE CLAIMS			70 minus 20=		.50		X\$ 9=		OF	140.00	900	
IN	DEPENDENT	4	/ minus 3 =		•		X43=		OR	X86=	86		
М	MULTIPLE DEPENDENT CLAIM PF			RESENT				+145=		1		10	
* (	f the differenc	e in column 1 is	less than	ess than zero, enter "0" in column 2				TOTAL		OR		121-0	
	CLAIMS AS AMENDED - PART II								·	OR		1756	
		(Column 1)	100000	(Column 2) (Column 3)				SMALI	ENTITY	OR	SMALL	R THAN ENTITY	
AMENDMENT A	11/1/84	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 35	Minus	- 7	9	=		X\$ 9=		OR	X\$18=		
AME	Independent	* //	Minus	**** ~4		= (		X43≤	-	OR	X88≦	11/2	
	FIRST PRESI	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM			+145=		1	+290=	4	
							L	TOTAL		OR	TOTAL		
		(Column 1)		(Colum	n 2)	(Column 3)	A	DDIT. FEE		JOR ,	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING		HIGHE	ST		Г		ADDI-	1 1		ADDI-	
		AFTER AMENDMENT		PREVIOL PAID FO	JSLY	PRESENT EXTRA	L	RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	* NTATION OF MU	Minus	***	N AIA	-	T	X43=		OR	X86=		
		and the second	CITI CE DE	LINDEINI C	ZC-GIVI			+145=		OR	+290=		
							AD	TOTAL DIT. FEE		OR ,	TOTAL DDIT, FEE		
		(Column 1)		(Column	12)	(Column 3)		J L			DDM. FEEL		
IMEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		<b>(\$ 9=</b>	•	OR	X\$18=		
	Independent		Minus	***	ı	=		(43=			X86=		
ل	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.,,,,		OR	∧00=		
• #f	the entry in colum	nn 1 is less than the	entry in colu	nn 2, write "೧'	'in col··	mn 3.	Ŀ	145=		OR	+290=		
	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
	re mignest Numi	per Previously Paid	ror (Total or	Independent)	is the h	ighest number f	ound	in the app	ropriate box	in colur	ทก 1.	-	

In re application of:  Josiah M. Ives, et al.	) Attorney Docket No. 087522785371 )
Application No.: 10/712,225	) )
Filed: November 13, 2003	) hereby certify that this correspondence is being deposited with the U.S. Postal Service as
For: WORK BOARD ASSI	) first class mail in an envelope addressed to the Commissioner For Patents, P.O. Box 1450 Alexandria, Virgina 22313-1450.
Examiner: Gary Chapman Hoge	) on 10/29/04
Art Unit: 3611	Esle G. Bowley
Confirmation No · 8489	)

Commissioner for Patents P. O. Box 1450 Alexandria, Virginia 22313-1450

## INTRODUCTORY COMMENTS

This is in response to the Office Action mailed August 20, 2004 as shown in the attached AMENDMENT TO THE DRAWINGS, AMENDMENTS TO CLAIMS and as explained in the attached REMARKS.

11/17/2004 VROGERS 00000002 101202 10712225 01 FC:1201 616.00 DA